



**OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440**

CONSENT FORM

I hereby authorize the Georgia Secretary of State's Office to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Physical Address (P.O. Boxes NOT Accepted)

Sex

Race

Date of Birth

Social Security Number

One of the following must be checked:

☐ This authorization is valid for 90/180/____ (circle one) days from date of signature.

☐ I, _____ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

Signature of Applicant

Date

Special licensure provisions (check if applicable):

____ Working with mentally disabled
____ Working with elder care
____ Working with children